## INSTRUCTIONS FOR THE USE OF FORM IN-0763, DISPOSAL OF CONTROLLED SUBSTANCES

Form IN-0763 is used to record the destruction of controlled substances enabling pharmacies ad other registrants in Tennessee to clear their stocks and records of unwanted items.

- 1. Prepare the form in **duplicate**.
- 2. Enter registrant's name, DEA registration number, address (including street, city, state and zip code) and signature at the top of form.
- 3. List the inventory of controlled substances which are surrendered for destruction. In the columns from the left to the right, enter:
  - a. The name of the substances;
  - b. The dosage form of the substances (capsule, injection, syrup, etc.):
  - c. The number of containers:
  - d. The size of each container (number of grams, tablets, ounces, or other units);
  - e. The controlled substances content of each unit described in the previous column. For example:

| Morphine Sulfate     | lnj. | 3 | 1ml  | 15mg |
|----------------------|------|---|------|------|
| Phenobarbital        | Elix | 1 | 5oz. | 2gr  |
| Aspirin w/codeine #3 | Tab  | 1 | 46   | 30mg |

- 4. All Items included on a single line should be identical in name, size and strength.
- 5. In the event of having both full and partial containers of the same items, list the full containers on one line and the partial container on a separate line. For example:

| Meprobamatae | Tab | 2 | 100 | 200mg |
|--------------|-----|---|-----|-------|
| 44           | "   | 1 | 73  | "     |



## TENNESSEE BOARD OF PHARMACY DEPARTMENT OF COMMERCE AND INSURANCE

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NASHVILLE, TENNESSEE 37243-1149
(615) 741-2718 OR FAX (615) 741-2722
www.state.tn.us/commerce/boards/pharmacy

## **DISPOSAL OF CONTROLLED SUBSTANCES**

| Registrant  |     |          |  |             |                |             | DEA Number        |                       |                     |     |     |
|---|-----|----------|--|-------------|----------------|-------------|-------------------|-----------------------|---------------------|-----|-----|
| Address   |     |          |  |             |                |             |                   |                       |                     |     |     |
|   |     |          |  |             |                |             |                   |                       |                     |     |     |
| Items below are surrendered for destruction: (Signature of applicant or authorized agent) |     |          |  |             |                |             |                   |                       | For DEA<br>Use Only |     |     |
|   |     |          |  |             |                |             |                   |                       |                     |     |     |
| Name of Drug or Preparation   |     | paration |  | n No.       | No. Containers | Quantity in | Strength per unit | Method of Destruction | Quantity            |     |     |
|   |     |          |  |             |                | each        |                   |                       |                     | Gms | Mgs |
|   |     |          |  |             |                |             |                   |                       |                     |     |     |
|   |     |          |  |             |                |             |                   |                       |                     |     |     |
|   |     |          |  |             |                |             |                   |                       |                     |     |     |
|   |     |          |  |             |                |             |                   |                       |                     |     |     |
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|   |     |          |  |             |                |             |                   |                       |                     |     |     |
|   |     |          |  |             |                |             |                   |                       |                     |     |     |
|   |     |          |  |             |                |             |                   |                       |                     |     |     |
|   |     |          |  |             |                |             |                   |                       |                     |     |     |
|   |     |          |  |             |                |             |                   |                       |                     |     |     |
|   |     |          |  |             |                |             |                   |                       |                     |     |     |
|   |     |          |  |             |                |             |                   |                       |                     |     |     |
|   |     |          |  |             |                |             |                   |                       |                     |     |     |
| Assigned by Office Auth.: 21CFR 1307.21 TN Rule: 1140-3-11                                |     | Witness  |  |             |                |             |                   |                       |                     |     |     |
| Board Agent time spent:   | Hrs | Min Date |  | Board Agent |                |             |                   |                       |                     |     |     |